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FILED

02 MAY 13 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 7503960

1. Entity Name

Golfview Homeowners Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O Garrard & Garrard CPA
6828 St. Augustine Rd.
Jacksonville, FL
Zip 32217 Country

3. Mailing Address

Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2089338 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JAY GARRARD
Street Address (P.O. Box Number is Not Acceptable)
GARRARD & GARRARD CPAs
6828 St. Augustine Rd
City Jacksonville FL Zip Code 32217

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Jay Garrard
Signature required of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	
NAME	Richard Brown	
STREET ADDRESS	4300 Plaza Gate Ln	D
CITY-ST-ZIP	Jax FL 32217	
TITLE	Vice President	
NAME	Joyce Breckenridge	
STREET ADDRESS	4300 Plaza Gate Ln	D
CITY-ST-ZIP	Jax FL 32217	
TITLE	Secretary	
NAME	Stephanie Rex	
STREET ADDRESS	4300 Plaza Gate Ln	D
CITY-ST-ZIP	Jax FL 32217	
TITLE	Treasurer	
NAME	Doug Thomas	
STREET ADDRESS	4300 Plaza Gate Ln	D
CITY-ST-ZIP	Jax FL 32217	
TITLE	Dir	
NAME	Dot Duncan	
STREET ADDRESS	4300 Plaza Gate Ln	D
CITY-ST-ZIP	Jax FL 32217	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Brown Richard Brown 4-2-02 733-0088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #